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Training Prison Staff on Issues of Young Prisoners' Health Needs

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Abstract

Young prisoners' health needs represent a matter of constant importance for any prison administration. These are addressed through direct medical services, as well as through other activities of health promotion. If the medical services are provided by trained medical staff, health promotion is usually provided by non-medical staff, such as social workers, psychologists, educators etc. Also, because healthy behaviors are best promoted through social modeling, such activities require the involvement of all prison staff, including non-specialists such as guardians. Thus, for health promotion to be effective it needs to be approached by the whole prison staff, meaning that the medical and non-medical specialists, as well as other prison staff need to have a common understanding of young prisoners health needs and to work as a team. This can be done through prison staff training. The article addresses these issues by summarizing the Romanian country reports of the project "Health Promotion for Young Prisoners" funded by the EU in the framework of the Public Health Program.

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Keywords: young prisoners; health promotion; health needs; prison staff training; Romania; toolkit

1. Introduction

The paper presents the issues to be addressed by the Romanian prison administration while planning staff training regarding matters of young prisoners' health promotion activities. The current articled summarizes the country reports on Romania of a EU funded project (in the framework of the Public Health Program) called "Health Promotion for Young Prisoners" (HPYP), which started in 2010, finished in 2013 and involved the partnership of institutions from seven European Member States - Bulgaria, Czech Republic, England, Estonia, Germany, Latvia

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and Romania. The project was coordinated in Romania via the Association of Schools of Social Work in Romania (http://www.asswr.ro). The full reports are available online at the project's webpage – http://www.hpyp.eu (Szabo, 2010; Szabo, 2011). The discussions included in the article are also based on the authors' professional experience.

Statistical data from the National Administration of Penitentiaries (ANP, 2009) shows that young prisoners represented 20% of the total prison population in 2010. According to the same data, 61% were aged between 21-24 years, 31% between 18-21 years and 8% between 14-18 years. Until 2008, the population of young prisoners registered a decreasing trend, similar to that of the adult prison population. A mild increase was registered after 2008. Most of the criminal offences committed by youth in Romania consist in theft and robbery. Drug use in prisons is also common among youth. In 2008, according to the National Anti-drug Agency (ANA, 2009), about 29% of the prisoners declaring to have a drug use history were aged up to 24 years. According to the 2009 HIV, HBV and HCV Behavioral Surveillance Survey among injecting drug users (IDUs) in Bucharest implemented under the coordination of the UNODC (2010), 56% of the IDUs (aged between 18-24 years, ex-prisoners and with a drug use history) declared they injected themselves while in prison. According to the 2009 HIV, HBV and HCV Behavioral Surveillance Survey among prisoners in Romania implemented under the coordination of the Romanian Angel Appeal Foundation (RAA, 2010), data on the age group 18-24 years shows that 9% used cocaine; 6% injected with substances; 4% received / had access to free of charge sterile needles / syringes; 49% got tattooed in prison; 22% used condom during their last intercourse; 47% received / had free access to condoms; 53% attended sessions on HIV/AIDS; 33% were tested for HIV in their lifetime.

Medical care in prison is provided by the prison medical network, which included in 2010 40 primary care offices, 45 dental and other specialty care offices, 10 dental labs, 40 pharmacies and 6 prison-hospitals. The main persistent problem of the Romanian prison medical network is the high deficit of medical staff (ANP, 2009, 28). ANP's strategic objectives on medical care include ensuring needed resources, developing programs for the prevention of diseases, education of prisoners and health promotion, and increasing efficiency in the cooperation with the public medical sector. The main areas on which prison medical programs focus are HIV prevention, harm reduction among IDUs, tuberculosis control and mental health. ANP cooperates with different international organisms and with national public institutions and non-governmental organizations in order to improve and promote medical care in the prison setting.

The HPYP project aimed at developing and improving health promotion for young vulnerable people in the prison setting, aged between 14 and 24 years. It specifically aimed at the subsequent implementation of a health promotion educational toolkit for young prisoners to be used by prison staff across European Member States. The toolkit is intended to be used by different categories of prison staff and addresses health related factors regarding infectious diseases, sexual health, mental health as well as the prevention and treatment of drug use. The toolkit is the result of a research oriented process that includes a needs assessment among young prisoners and prison staff, as well as a piloting stage.

2. Methodology of the research

The general framework of the research takes the form of a needs assessment of vulnerable young people in prison, as well as of prison staff and representatives from NGOs as possible deliverers of health promotion in the prison setting. It uses a common methodology for data gathering and analysis in all the partner countries, with some specific elements depending on the characteristics of the populations included in the samples and the types of detention units were data were collected. Based on the results produced by each of the seven countries, a toolkit for health promotion was developed for the use of prison staff together with young prisoners.

By health promotion we mean any activities, programs and initiatives aiming to raise awareness and to develop skills in preventing and promoting physical, emotional, mental and social health of individuals and groups in custody. This includes a wide range of health promotion aspects that can be addressed in custody, varying from regular sports to informative sessions for young offenders on alcohol, tobacco and drug use, training in right dental/oral hygiene, interventions as regards to mental health needs, self harm and suicide to training on conflict management.

The population under analysis in Romania includes young prisoners aged between 14 and 24 years, on remand or sentenced. The population from which data were collected includes young prisoners aged between 18 and 24 years,

prison staff and other providers of health promotion in the prison setting. Data were not gathered from the segment of young prisoners aged between 14 and 17 years, as parental consent couldn't be reached. The absence of this age segment from the theoretical sample was substituted by prison staff working in a reeducation center.

Data gathering covered the period February – April 2011 and included 6 detention units located in the southern part of Romania: Craiova prison for minors & youth, Găeşti re-education center, Jilava prison (located near Bucharest), Rahova remand prison (located in Bucharest), Slobozia prison and Târgşor prison for women. Different methods were used: questionnaires with young prisoners, prison staff and members of NGOs, focus groups with young people in the prison setting and interviews with prison staff and members of NGOs.

For the application of the questionnaire with young prisoners, a theoretical sample of 100 subjects was developed based on the structure of the general prison population. The sample is divided into three layers: age of the prisoner, type of unit (for minors & youth or for adults) and type of detention (remand or sentenced). The sample includes 3 female prisoners, aged 20, 21 and 23 years, serving their sentence in Târgşor prison for women. The rest of 97 prisoners are male. As mentioned previously, focus-groups with young prisoners were also organized. The subjects were selected among the prisoners that initially completed the questionnaire, on a voluntary basis. The 3 focus-groups were organized in different detention units, so as to capture as much as possible the organizational differences. Thus, one focus-group was made in a prison for adults (aged over 22 years), another one in a remand prison and a third one in a prison for minors & youth (aged between 14 and 21 years). An average of 9 participants per focus-group agreed to participate. Prison staff and members of NGOs answering the questionnaire and / or participating in interviews were selected using the criterion of availability, meaning that the persons were on location at the time of data gathering and they were willing to participate. Other criteria of sample selection included their profession and their experience in working with young prisoners. 41 questionnaires were applied and 12 interviews were taken with prison staff and members of NGOs.

3. Results and discussion

Health is seen as a dual concept in the representations of young prisoners – it means both physical and mental wellbeing. A healthy person is seen as being physically fit, having a harmonious body and being able to express positive feelings. The physical aspects of health are granted the highest importance, especially the visible ones – the presence of an illness is recognized by perceivable symptoms. Although the mental and emotional aspects of health are placed on a secondary level, they are easily mentioned. Young prisoners are conscious that the body and the mind are connected and that the state of one affects the other. Young prisoners also associate health with human action (one's wellbeing depends on the activities in which the person gets involved) and with available resources (a healthy body consumes healthy food). Thus, health is seen as being dependent not only on choices made by the individual, but also on the structuring of the environment in which the person lives.

3.1. Health status – institutional and individual factors affecting it

In general, young prisoners participating in the focus groups have stated that their health status has deteriorated while in custody. The health status is dependent both on individual factors and on institutional conditions.

In what concerns the *institutional conditions*, according to many of the reasons for health status deterioration are put by young prisoners in relation to the prison environment, characterized as being problematic. They talk about the difficulty of keeping the room and themselves clean as a consequence of different skin diseases, hard to be eradicated and that contaminate the living space. Young prisoners also speak about being unable to accommodate to other inmates' habits (such as smoking habits) or illnesses (such as TB, hepatitis or HIV). In general, prison rooms host high numbers of persons. Thus, prisoners' bad habits and / or illnesses are seen as having a direct effect on the health of others. Another problematic aspect of the prison environment is the improper access to resources that maintain a healthy life while in custody: drinkable water, hot water, heating, healthy food, fresh air in the room, regular sport activities, prompt and qualitative medical care, family contact.

Prison staff also agrees that the health status of young prisoners is difficult to be maintained due to the structuring of the prison units. Young prisoners are seen as having special needs which require a different organization of the

prison in what regards the space and the staff. For example, in addition to the classical "prison overcrowding" (and by that we mean the high number of inmates per square meter) characteristic to most Romanian detention units, other types of "overcrowding" also appear – the high number of inmates per number of prison staff and per outdoor space. Due to the fact that detention units don't have sufficient staff to supervise prisoners while being outside prison rooms and to the fact that social spaces (inside the institution and outdoors) are insufficient when comparing to the number of inmates, young prisoners spend most of the time inside the rooms. But, this situation cannot be generalized to all the Romanian detention units. These problems are not specific to re-education centers for minors, because they are organized differently, as observed while in the field. Most of the problems previously described are found in prison for adults that have wings accommodating minors and youth and to prisons for minors and youth.

In spite of all these institutional hardships that affect the perceived health status, there are young prisoners that acknowledge their health is also dependent to a certain degree on their *individual choices*. For them, health comes first – be clean and stay clean, respect the others so that you are respected, eat healthy food as much as possible, get outdoors. But these ways of thinking and acting are marginal in Romanian prisons. For the majority of young prisoners, their previous poor health education is not improved while in custody, their former bad habits are continuously exercised and prison sub-culture and peer pressure become pivotal when making health-related choices. For instance, the rationale behind the way the budget is spent is more related to the maintenance of the position within the inmates' social hierarchy, than to the maintenance of a healthy life style.

Prison staff confirms the fact that young prisoners' health deterioration is also connected to the choices individually made. But, a deeper analysis shows that parts of these so called "individual choices" are influenced to a certain degree by external factors such as prison culture, peer pressure, personal history and connections maintained with the outside world. In fact, the options of young prisoners are limited by external constraints, while daily decisions which negatively affect their health status are easier to be taken in contrast with those that promote a healthy lifestyle. And this applies even more so to this category of inmates, due to their age. Young prisoners take health for granted, as they are at the beginning of their life course and illness is associated with old age.

The aspects described by young prisoners in the focus groups are in line with the data from questionnaires. The young prisoners that are aware of the risks for health to which they are exposed while in custody are also aware of the aspects that can help them feel healthier. Most importantly for them are: maintaining the connection with the family and quality visits (30%), more activities outside the prison room, either inside the institution or outdoors (24%), better food and living conditions inside prison rooms (16%), quality medical services (11%) etc.

3.2. Availability, importance, delivery methods and coverage of health promotion activities

Regarding the *availability* of health promotion activities, prison staff indicated that the areas investigated by the research are covered differently. Out of the 41 completed questionnaires, the highest scores were registered for tobacco use (38), HIV (38) and hepatitis (37) prevention, alcohol and illegal drugs use (36), sexual transmitted diseases (36) and tuberculosis (35). In the same time, prison staff considers as *highly important* all investigated health promotion activities (on a scale of 5, all activities scored above 4.5). So, a disparity exists between what prison staff considers is desirable and what is happening in the reality, meaning that in spite of the fact that all health issues are considered important, they are not sufficiently covered by health promotion activities. The least available health promotion activities are in the areas of safer sex practices and condom use (28) coping with custody and criminal career (28), safe practices for injecting drugs (27), body changes (26), coping with bullying (26), safe practices for tattooing and piercing (24) or contraception (19).

The most used *delivery methods* of health promotion are group sessions (26 mentioned in average) and individual counseling (20 in average). The restriction of funds forces detention units to use the resources that are regularly available, meaning prison staff, although even these are undersized compared with what is needed. Leaflets, posters and brochures are used if they are available from external sources. Also, despite the fact that peer education is seen as a good method, it is in fact the least used one (4.6 in average) because of the difficulties in implementation.

The best *coverage* with health promotion activities is on issues such as tuberculosis (24.6 in average), HIV (24 in average), use of illegal drugs (22.1 in average), sexual transmitted diseases (19.3 in average), safe sex practices and condom use (17.8 in average), smoking (17.5 in average) and hepatitis (16.6 in average). This is due mostly to the fact that such activities are approached by the prison administration in partnership with other actors (international

organisms, institutions from the public sector and non-governmental organizations) and to the different programs that have been implemented in the past decades. For example, the Romanian prison administration has received the financial and technical support from organisms such as the GFATM and the UNODC in the past years.

3.3. Congruencies and disparities in health promotion activities

There seems to be certain *congruence* between young prisoners' need to know more about different health issues and the importance they grant to these aspects. In general, young prisoners want to know more about health issues that are important to them. Also, young prisoners recognize the importance of all health issues under research.

But, when comparing the data collected from young prisoners to that from prison staff, *disparities* can be seen. Health issues that young prisoners are keen to know about concern healthy nutrition (90%), dental/oral hygiene (86%), copying with custody and criminal career (84%), desisting criminal career (82%), managing conflicts (75%) and copying with bullying (74%). But these areas are insufficiently covered by detention units through health promotion activities. One explanation lies in the fact that detention units usually focus on those aspects that concern the management of large prison populations. In the same time, the external support coming from different institutions and organizations stresses on those issues that occupy the public agenda, meaning HIV, STD and TB prevention, drug and tobacco use. Thus, although it's clear that young prisoners grant importance to those areas that affect their day to day life and future, these are granted less importance by the prison administration due to the need to manage the risks connected to the supervision of large populations. In the same time, we should also say that young prisoners tend to be disinclined to speak readily about health issues that concern sexual life, use of illegal drugs, tattoos, piercing and self harm, these being forbidden actions in general. Thus, the behavior ban is reflected in their discourse as well. This doesn't mean that young prisoners don't have sexual intercourse with other inmates while in prison, don't use drugs and tattoo them-selves, don't pierce or harm them-selves while in custody. In fact, young prisoners are seldom exposed to such experiences.

3.4. Feeling healthier in custody – personal choices, vulnerabilities and environmental constraints

Young prisoners feel healthier when they receive the emotional and material support of their family. This factor scored highest (30%). As an individual factor, family support is available were relationships exist and are stable. But, this factor can also be influenced institutionally. For example, in the case of female prisoners, detention units are few and sometimes located far from the families' place of residence. This makes visiting hard, especially if the family is confronted with financial strains. The same equation applies to other aspects identified by prisoners. Doing sports or outdoor activities (24%) can be seen as a matter of personal will, but even if the will is present it can be sometimes difficult to access such services due to the fact that, in general, Romanian detention units lodge large populations and have few spaces where such activities can be provided. In what concerns the food (16%), it is true that young prisoners tend to make unhealthy choices when doing the grocery, but there are also complaints about the quality of the three-meals-a-day provided by the prison administration. Keeping the room clean (16%) and personal hygiene (12%) also depend on prisoners' lifestyle and their level of wealth, but cleanness is also hard to keep in rooms that host a high number of persons and if hot water is not available on a daily basis due to scarce institutional resources. The budgetary restrictions that Romanian detention units are facing also reflect on the quality of the medical services (11%). Although the infrastructure of the medical network exists, the main persistent problem is the high deficit of medical staff (ANP, 2009, 28). Besides this, other institutional impediments are the insufficiency of specialists, the lack of continuous training programs for the medical staff, insufficient funds for the proper equipment of medical facilities and poor access of prisoners to the community medical care network. These institutional factors have direct repercussions on the health of prisoners and its perception. Young prisoners also identified other aspects that can contribute to the improvement of their healthy feeling while in custody: maintaining good relationships with other inmates (7%), participation in social-cultural activities (6%), more freedom to do different legal activities (5%), the absence of illegal drugs, alcohol and tobacco in prison (4%) and working (2%).

As mentioned previously, all these aspects have a double edge. Health promotion activities are important to increase the knowledge base of prisoners in what concerns their personal choices. They are meant to enable young

prisoners to make the right decisions when it comes to acting in a healthy or unhealthy manner. But for these activities to have the highest effect, it is needed for detention units to provide the necessary space, means and human support. The issues of ensuring a healthy prison environment and implementing further health promotion activities apply even more so in the case of young prisoners, whom are considered by the prison staff a vulnerable group. Minors and youth are at the beginning of their life and lack the necessary experience in taking the right decisions in what concerns their current and future health status. They are also prone to exposure to different influences. Other categories of vulnerable groups identified by prison staff to receive special health promotion services are drug users, women, ethnic minorities, abused prisoners, migrants, chronically ill, elderly and mentally ill prisoners. These categories have particular medical, emotional and social needs that make them subject to further health problems.

3.5. Main barriers in implementing health promotion activities

The most common institutional factor affecting the Romanian prison system as a whole is the *shortage of staff* and funds. As mentioned in the 2010 report of the prison administration, "the occupancy of jobs is about 79% of the total 15,500 jobs provided" (ANP, 2010, 6). The same report also mentions that "the inherent major difficulty for the guarantee of the right to health care is the shortage of medical staff with high and secondary studies. For a prison population of about 28,244 detainees, health care is provided by a total of 777 medical staff" (idem, 22). The same situation applies to the staff activating in the psycho-socio-educational sector, where a number of 650 persons were working in 2010 (idem, 55), in this category being included social workers, psychologists, educators and other professionals with responsibilities in the implementation of psycho-socio-educational programs. In what concerns the budgetary constraints, the previously mentioned report states that the institution's budget decreased by 6% in 2010 as to 2009, the chapter most affected being the one concerning goods and services (idem, 30). These deficiencies are reflected in the interviews.

Another factor that acts like a barrier in the effective implementation of health promotion is the *lack of coherence among prison staff*. One suggestion made by an experienced prison psychologist is that young people learn better by following models rather than by participating to different types of lessons which are more or less theoretical in nature. In practice, the programs that are promoting healthy behaviors are implemented by specialized staff (e.g. medical or psycho-social-educational). For these programs to be effective, the rest of the prison staff coming into contact with young prisoners should promote the same principles in their own behaviors, as they are also agents of socialization. If we look at the prison as a total institution, where prisoners are forced to share a common space for different periods of time, it is important to understand that each and every one of the prison staff, as individuals, become responsible with promoting healthy ways of behavior. It is also important that custody, be it remand or as a sentence, does not affect the health of prisoners as a consequence of institutional deficiencies. Where such deficiencies are present, they must be acknowledged and resolved so as to provide the necessary basis for the implementation of further health promotion.

In what concerns the factors pertaining to prisoners, one that hinders the implementation of some of the health promotion programs currently available in Romanian detention units is the *low education level of young prisoners*. According to data included in the 2010 report of the prison administration, 8.6% (amounting to 2,421 prisoners) of the total prison population were attending school, out of which 43% (amounting to 1,034 prisoners) were attending at primary level (ANP, 2010, 52-53). Data regarding the age group 14-24 years are not available, but it is important to note the high percentage of prisoners attending primary school out of the general population attending school. This means that within all age groups there are prisoners with basic educational needs. And it is safe to assert that the real percentage of prisoners with low education level is even higher, as the abovementioned indicator reveals only data regarding those prisoners that materialized their wish to receive education by attending school. This assertion is in line with statements made by the prison staff: many young prisoners lack a minimum education, which in turn hinders the implementation of different programs and the provision of services.

Other individual factors that act like barriers for the effective promotion of healthy behaviors are young prisoners' general *low interest regarding health issues*, their *lack of cooperation with prison staff* and their *different priorities*. To a certain limit, young prisoners' low interest on health matters is understandable. As mentioned previously, young people in general have the belief that they are safe from the risk of becoming ill due to their young age. Thus, they are less interested on matters that concern the perspective of illness or the risks posed by unhealthy behaviors

and life decisions. To these we add their general averseness towards the requests, recommendations and suggestions of prison staff and their different priorities when it comes to taking healthy decisions, both of which are generated by the pressures of life in prison. Genuine participation to prison programs is difficult to be reached. In general, we can either talk of non-participation (meaning that prisoners do not enroll in prison programs) or of formal participation (meaning that prisoners enroll into programs, but do not pay attention, disturb the activities or show interest only when they receive incentives). These can be seen as forms of resistance, fact which is also understandable to a certain extent, as prisoners can actually be regarded as a special type of "involuntary clients". Prisoners' cooperation can be gained with a shift of perspective. They can become "voluntary clients" when the environment feels secure enough to open, their emotions and reactions are acknowledged, the communication is straightforward and authentic and the grounds for their resistance are identified and taken into consideration.

3.6. Suggestions for the improvement of health promotion activities

Having in mind all these factors that act as barriers in the implementation of heath promotion programs for young prisoners, a series of suggestions for improvement became clearer. The first and most important of them concerns the management of prison staff, and more specifically: organize initial and continuous training so as staff get specialized in working with young prisoners, hire more staff so as to cover all prison sectors and use scrutiny in the recruitment process so as to hire the best of the best. Other suggestions concern expanding the cooperation with outside actors that can provide support in these matters and developing health promotion programs specific for young prisoners. One particular recommendation with great implications in the development of an effective health promotion toolkit concerns the delivering methods. Several principles should be taken into account when choosing and/or developing methods for delivering programs that target young prisoners. These methods should employ young prisoners' creativity and boost their communication skills, make connections with the real life so as to strengthen the learning outcomes, use technology where and when it is allowed or considered appropriate, and last but not least create opportunities to develop, maintain and benefit from the community support.

4. Concluding remarks

These results should be regarded as a basis for the development of an effective health promotion toolkit. Several principles should be taken into consideration when designing such a toolkit. It should be easy to use by different types of professionals, both by prison staff and partners from the community. It should also be easy to use by young prisoners, given their general low education level. The learning process should be facilitated by methods that boost young prisoners' communication skills and creativity. As such, the exercises should be constructed so as connections with the real life are easily made. If resources are available and it is considered appropriate, technology should be used. And last but not least, the toolkit should include instructions for its implementation, the needed skills and tips for working with young prisoners. It can also comprise a small package for training the staff. The toolkit generated by the HPYP project incorporates these principles and it is available in a ready-to-be-used electronic format on the project webpage (http://www.hpyp.eu) and translated in 10 different languages: Czech, German, English, Estonian, Italian, Latvian, Portuguese, Romanian, Russian and Spanish.

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